



APPLICATION FOR PERMIT

DEPARTMENT OF BUILDING INSPECTIONS SERVICES

ELECTRICAL INSTALLATIONS

Date Sept. 27, 1990
 Receipt and Permit number 01625

To the CHIEF ELECTRICAL INSPECTOR, Portland, Maine:
 The undersigned hereby applies for a permit to make electrical installations in accordance with the laws of
 Maine, the Portland Electrical Ordinance, the National Electrical Code and the following specifications:

LOCATION OF WORK: 97 Pine St.
 OWNER'S NAME: Daniel Murphy, Jr. ADDRESS: same

OUTLETS:	FEES
Receptacles _____ Switches _____ Plugmold _____ ft. TOTAL _____	
FIXTURES: (number of)	
Incandescent _____ Fluorescent _____ (not strip) TOTAL _____	
Strip Fluorescent _____ ft. _____	
SERVICES:	
Overhead <input checked="" type="checkbox"/> Underground _____ Temporary _____ TOTAL amperes <u>100</u>	<u>3.00</u>
METERS: (number of) <u>2</u>	<u>1.00</u>
MOTORS: (number of)	
Fractional _____	
1 HP or over _____	
RESIDENTIAL HEATING:	
Oil or Gas (number of units) _____	
Electric (number of rooms) _____	
COMMERCIAL OR INDUSTRIAL HEATING:	
Oil or Gas (by a main boiler) _____	
Oil or Gas (by separate units) _____	
Electric Under 20 kws _____ Over 20 kws _____	
APPLIANCES: (number of)	
Ranges _____	Water Heaters _____
Cook Tops _____	Disposals _____
Wall Ovens _____	Dishwashers _____
Dryers _____	Compactors _____
Fans _____	Others (denote) _____
TOTAL _____	
MISCELLANEOUS: (number of)	
Branch Panels _____	
Transformers _____	
Air Conditioners Central Unit _____	
Separate Units (windows) _____	
Signs 20 sq. ft. and under _____	
Over 20 sq. ft. _____	
Swimming Pools Above Ground _____	
In Ground _____	
Fire/Burglar Alarms Residential _____	
Commercial _____	
Heavy Duty Outlets, 220 Volt (such as welders) 30 amps and under _____	
over 30 amps _____	
Circus, Fairs, etc. _____	
Alterations to wires _____	
Repairs after fire _____	
Emergency Lights, battery _____	
Emergency Generators _____	
FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT INSTALLATION FEE DUE: _____	<u>4.00</u>
FOR REMOVAL OF A "STOP ORDER" (304-16.b) DOUBLE FEE DUE: _____	
TOTAL AMOUNT DUE: _____	MIN <u>5.00</u>

INSPECTION: Will be ready on 9/28, 1990 at 1:00 P.M.; or Will Call _____
 CONTRACTOR'S NAME: Michael Lotfey, Jr.
 ADDRESS: 45 Hillside Rd. Portland, 04103
 TEL: 773-3400
 MASTER LICENSE NO.: 8675 SIGNATURE OF CONTRACTOR: _____
 LIMITED LICENSE NO.: _____

INSPECTOR'S COPY — WHITE
 OFFICE COPY — CANARY
 CONTRACTOR'S COPY — GREEN



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date Feb. 12, 19 87
 Receipt and Permit number D09U65

To the CHIEF ELECTRICAL INSPECTOR, Portland, Maine:
 The undersigned hereby applies for a permit to make electrical installations in accordance with the laws of
 Maine, the Portland Electrical Ordinance, the National Electrical Code and the following specifications:

LOCATION OF WORK: 101 Pine St.
 OWNER'S NAME: Nick Alfiero ADDRESS: lives there

	FEES
OUTLETS: Receptacles _____ Switches _____ Plugmold _____ ft. TOTAL <u>1-30</u>	3.00
FIXTURES: (number of) Incandescent _____ Fluorescent _____ (not strip) TOTAL	
Strip Fluorescent _____ ft.	
SERVICES: Overhead _____ Underground _____ Temporary _____ TOTAL amperes _____	
METERS: (number of)	
MOTORS: (number of) Fractional	
1 HP or over	
RESIDENTIAL HEATING: Oil or Gas (number of units)	
Electric (number of rooms)	
COMMERCIAL OR INDUSTRIAL HEATING: Oil or Gas (by a main boiler)	
Oil or Gas (by separate units)	
Electric Under 20 kws _____ Over 20 kws _____	
APPLIANCES: (number of) Ranges _____ Water Heaters _____	
Cook Tops _____ Disposals _____	
Wall Ovens _____ Dishwashers _____	
Dryers _____ Compactors _____	
Fans _____ Others (denote) _____	
TOTAL	
MISCELLANEOUS: (number of) Branch Panels	
Transformers	
Air Conditioners Central Unit _____	
Separate Units (windows) _____	
Signs 20 sq. ft. and under _____	
Over 20 sq. ft.	
Swimming Pools Above Ground	
In Ground	
Fire/Burglar Alarms Residential	
Commercial	
Heavy Duty Outlets, 220 Volt (such as welders) 30 amps and under	
over 30 amps	
Circus, Fairs, etc.	
Alterations to wires	
Repairs after fire	
Emergency Lights, battery	
Emergency Generator	
INSTALLATION FEE DUE:	
FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT DOUBLE FEE DUE:	
FOR REMOVAL OF A "STOP ORDER" (304-16.b)	
TOTAL AMOUNT DUE <u>3.00</u>	
min <u>5.00</u>	

INSPECTION: Will be ready on 2-13-87, 19 87; or Will Call _____
 CONTRACTOR'S NAME: Chuck Place
 ADDRESS: 166 Summit St. Port.
 TEL: 797-9954
 MASTER LICENSE NO.: 10625 SIGNATURE OF CONTRACTOR: Charles B. Place
 LIMITED LICENSE NO.: _____

Permit # 984140 984140 City of Portland **BUILDING PERMIT APPLICATION Fee 25.00** Zone Map # Lot #
 Please fill out any part which applies to job. Proper plans must accompany form.

Owner: Bill & Melinda Mullin Phone # 772-9796
 Address: 101 Pine St Portland, ME 04102
 LOCATION OF CONSTRUCTION 101 Pine St
 Contractor: McKenzie Bldrs Sub:
 Address: Bill Royall - Phone # 883-3653

PERMIT ISSUED
 For Official Use Only
 Date September 14, 1992 Subdivision:
 Inside Fire Limits: Name:
 H.A. Code: Lot:
 Time Limit: Ownership:
 Estimated Cost: **CITY OF PORTLAND**

Est. Construction Cost: Proposed Use: 1-fam w/sauna atop roof
 Past Use: 1-fam
 # of Existing Res. Units: # of New Res. Units:
 Building Dimensions L W Total Sq. Ft.
 # Stories: # Bedrooms Lot Size:
 Is Proposed Use: Seasonal Condominium Conversion
 Explain Conversion: Install hot tub atop roof of 1-fam dwelling

Street Frontage Provided:
 Provided Setbacks: Front Back Side Side
 Review Required:
 Zoning Board Approval: Yes No Date:
 Planning Board Approval: Yes No Date:
 Conditional Use: Variance Site Plan Subdivision
 Shoreland Zoning Yes No Floodplain Yes No
 Special Exception
 Other (Explain):

* SPA-TUB DENT INC. 348 RT1 Scarborough ME 04074

Foundation:
 1. Type of Soil:
 2. Set Backs - Front Rear Side(s)
 3. Footings Size:
 4. Foundation Size:
 5. Other:

Ceiling:
 1. Ceiling Joists Size:
 2. Ceiling Strapping Size Spacing:
 3. Type Ceilings: Not in District nor Landmark
 4. Insulation Type Size Does not require review
 5. Ceiling Height: Requires Review

Floor:
 1. Sills Size: Sills must be anchored.
 2. Girder Size:
 3. Lally Column Spacing: Size:
 4. Joists Size: Spacing 16" O.C.
 5. Bridging Type: Size:
 6. Floor Sheathing Type: Size:
 7. Other Material:

Roof:
 1. Truss or Rafter Size Span Action
 2. Sheathing Type Size Approved with conditions
 3. Roof Covering Type
 Chimneys:
 Type: Number of Fire Places Date

Exterior Walls:
 1. Studing Size Spacing
 2. No. Windows
 3. No. Doors
 4. Header Sizes Spacing
 5. Bracing: Yes No
 6. Corner Posts Size
 7. Insulation Type Size
 8. Sheathing Type Size
 9. Siding Type Weather Exposure
 10. Masonry Materials
 11. Metal Materials

Heating:
 Type of Heat:
 Electrical:
 Service Entrance Size: Smoke Detector Required Yes No

Interior Walls:
 1. Studing Size Spacing
 2. Header Sizes Spacing
 3. Wall Covering Type
 4. Fire Wall if required
 5. Other Materials

Plumbing:
 1. Approval of soil test if required Yes No
 2. No. of Tubs or Showers
 3. No. of Flushes
 4. No. of Lavatories
 5. No. of Other Fixtures
 Swimming Pools:
 1. Type
 2. Pool Size: x Square Footage
 * Must conform to National Electrical Code and State Law.

PERMIT ISSUED WITH LETTER

PERMIT ISSUED WITH LETTER

Permit Received By Marjorie Signature of Applicant Bill Royall Date Sept 14, 1992
 CEO's District 3

White - Tax Assessor

CONTINUED TO REVERSE SIDE
 Ivory Tag - CEO

3 MRS. LOWE

984140

Permit # _____ City of Portland BUILDING PERMIT APPLICATION Fee 25.00 Zone _____ Map # _____ Lot# _____
Please fill out any part which applies to job. Proper plans must accompany form.

Owner: Bill & Melinda Kullin Phone # 772-9796
Address: 101 Pine St Portland, ME 04102

LOCATION OF CONSTRUCTION 101 Pine St

Contractor: McKenzie Bldgs Sub: _____

Address: Mill Royal Phone # 883-3653

Est. Construction Cost: _____ Proposed Use: 1-fam w/saus atop zoning: _____

Past Use: 1-fam

of Existing Res Units _____ # of New Res. Units _____
Building Dimensions L _____ W _____ Total Sq. Ft. _____

Stories: _____ # Bedrooms _____ Lot Size: _____

Is Proposed Use: Seasonal _____ Condominium _____ Conversion _____

Explain Conversion Install hot tub atop roof of 1-fam dwelling

PERMIT ISSUED

For Official Use Only

Date: September 14, 1992 Subdivision: _____
 Inside Fr. Limits: _____ Name: _____
 Bldg Code: _____ City: _____
 Time Limit: _____ Ownership: _____
 Estimated Cost: _____

CITY OF PORTLAND

SEP 23 1992

* SPA + TUB DETAIL INC. 348 RTI Scarborough, ME 04074

Foundation:

1. Type of Soil: _____
2. Set Backs - Front _____ Rear _____ Side(s) _____
3. Footings Size: _____
4. Foundation Size: _____
5. Other _____

Floors:

1. Sills Size: _____ Sills must be anchored.
2. Girder Size: _____
3. Lally Column Spacing: _____ Size: _____
4. Joists Size: _____ Spacing 16" O.C.
5. Bridging Type: _____ Size: _____
6. Floor Sheathing Type: _____ Size: _____
7. Other Material: _____

Exterior Walls:

1. Studding Size _____ Spacing _____
2. No. windows _____
3. No. Doors _____
4. Header Sizes _____ Span(s) _____
5. Bracing: Yes _____ No _____
6. Corner Posts Size _____
7. Insulation Type _____ Size _____
8. Sheathing Type _____ Size _____
9. Siding Type _____ Weather Exposure _____
10. Masonry Materials _____
11. Metal Materials _____

Interior Walls:

1. Studding Size _____ Spacing _____
2. Header Sizes _____ Span(s) _____
3. Wall Covering Type _____
4. Fire Wall if required _____
5. Other Materials _____

HISTORIC PRESERVATION

1. Ceiling Joists Size: _____ Spacing _____ Not in District nor landmark.
 2. Ceiling Strapping Size _____ Spacing _____ Does not require review.
 3. Type Ceilings: _____ Requires Review.
 4. Insulation Type: _____ Size _____
 5. Ceiling Height: _____

Roof:

1. Truss or Rafter Size _____ Span _____ Action _____
2. Sheathing Type _____ Size _____ Action _____
3. Roof Covering Type _____

Chimneys:

Type: _____ Number of Fire Places _____ Date: _____

Heating:

Type of Heat: _____

Electrical:

Service Entrance Size: _____ Smoke Detector Required Yes _____ No _____

Plumbing:

1. Approval of soil test if required Yes _____ No _____
2. No. of Tubs or Showers _____
3. No. of Flushes _____
4. No. of Lavatories _____
5. No. of Other Fixtures _____

Swimming Pools:

_____ x _____ Square Footage _____

_____ conform to National Electrical Code and State Law.

PERMIT ISSUED WITH LETTER

PERMIT ISSUED WITH LETTER

Permit Reviewed By Mary Greer Date SEP 14, 1992
Signature of Applicant Bill Royall
City's District 3

White - Tax Assessor

CONTINUED TO REVERSE SIDE

Ivory Tag - CEO

[3] MMS. Lowe

PLOT PLAN

9/85 Nothing yet
 10/20 - Nothing yet
 12/30 - No access
 2/2/93 - No access - left card.
 6/18 - o.k.

N
 ↑

FEES (Breakdown From Front)		Inspection Record	Date
	Type		
Base Fee \$ _____		_____	____/____/____
Subdivision Fee \$ _____		_____	____/____/____
Site Plan Review Fee \$ _____		_____	____/____/____
Other Fees \$ _____		_____	____/____/____
(Explain) _____		_____	____/____/____
Late Fee \$ _____		_____	____/____/____

COMMENTS

CERTIFICATION

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as has authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the code official or the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

SIGNATURE OF APPLICANT _____

ADDRESS _____

PHONE NO. _____

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE _____

PHONE NO. _____

FRAMING PLAN | SK-1

101 Pine St

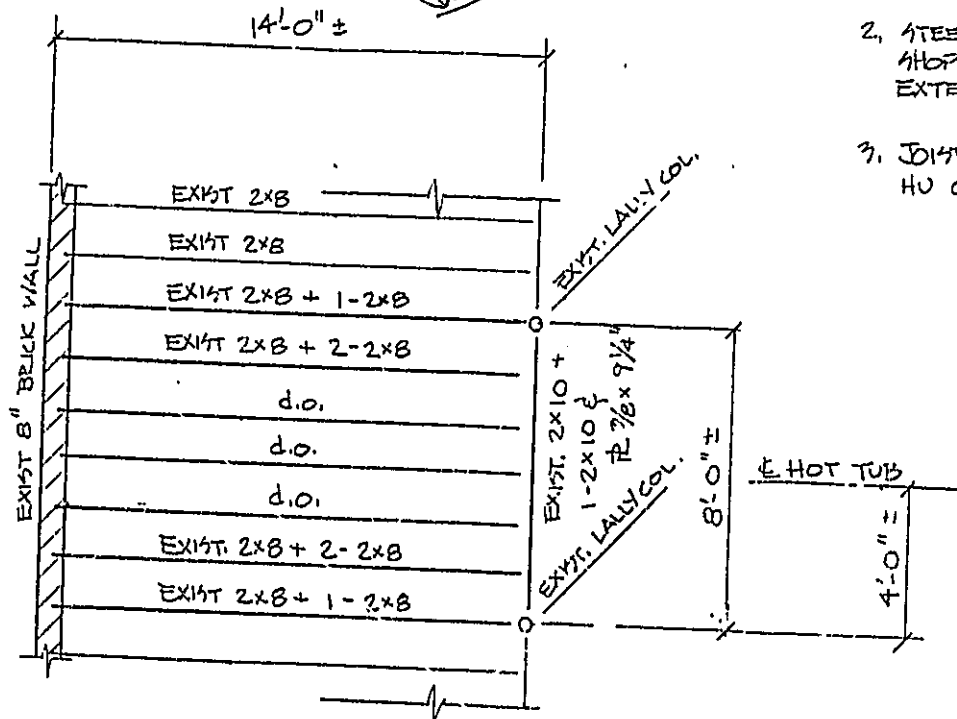
Hot tub

K Lowe

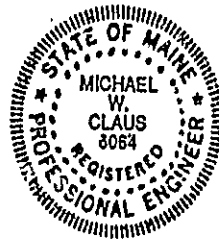
NOTE:

1. ALL WOOD SO, PINE, P.T.
2. STEEL P. ASTM A-36
GALV PRIME & PAINT
EXTERIOR GRADE
3. JOIST HANGERS - SIMPSON
HU OR HUTF

permit
issued 9/23/92



PART FRAMING PLAN @ HOT TUB
1/4" = 1'-0"



MULLIN DECK 101 PINE ST. PORTLAND, ME	10/7/92
FRAMING PLAN	4K-1

Inspection Services
Samuel P. Hoffes
Chief



Planning and Urban Development
Joseph E. Gray Jr.
Director

CITY OF PORTLAND

September 22, 1992

RE: 101 Pine Street

Mr. & Mrs. B. Mullin
101 Pine Street
Portland, ME 04102

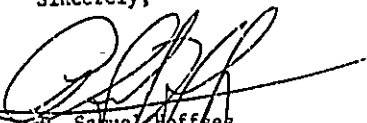
Dear Mr. & Mrs. Mullin:

Your application to construct a deck and install hot tub on top of roof has been reviewed and a permit is herewith issued subject to the following requirements:

1. This permit is being issued with the understanding that before work begins, a structural design completed by a structural engineer shall be submitted to this office and approved.
2. Please read and implement item 9 of the attached building permit form.
3. Your plan does not show the access to this roof structure, therefore more details of the complete structure must be submitted for approval before work begins.

If you have any questions regarding these requirements, please do not hesitate to contact this office.

Sincerely,



Samuel P. Hoffes
Chief of Inspection Services

/el

BUILDING PERMIT REPORT

DATE: 22/Sept/92

ADDRESS: 101 Pine St.

REASON FOR PERMIT: Install hot tub atop roof

of one family dwelling

BUILDING OWNER: Bill & Melinda Muller

CONTRACTOR: McKenzie Bldrs

PERMIT APPLICANT: IC

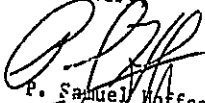
APPROVED: *9

CONDITION OF APPROVAL:

- 1.) Before concrete for foundation is placed, approvals from Public Works and Inspection Services must be obtained. (A 24 hour notice is required prior to inspection.)
- 2.) Precaution must be taken to protect concrete from freezing.
- 3.) All vertical openings shall be enclosed with construction having a fire rating of at least one(1) hour, including fire doors with self-closers.
- 4.) Each apartment shall have access to two(2) separate, remote and approved means of egress. A single exit is acceptable when it exits directly from the apartment to the building exterior with no communications to other apartment units.
- 5.) The boiler shall be protected by enclosing with one(1) hour fire rated construction including fire doors and ceiling, or by providing automatic extinguishment. Sprinkler piping serving not more than six sprinklers may be connected to a domestic water supply system having a capacity sufficient to provide 0.15 gallons per minute, per square foot of floor throughout the entire area. An INDICATING shut-off valve shall be installed in an accessible location between the sprinkler and the connection to the domestic water supply. Minimum pipe size shall be 3/4 inch copper or 1 inch steel. Maximum coverage area of a residential sprinkler is 144 square feet per sprinkler.
- 6.) Every sleeping room below the fourth story in buildings of Use Groups R and I-1 shall have at least one operable window or exterior door approved for emergency egress or rescue. The units must be operable from the inside opening without the use of separate tools. Where windows are provided as a means of egress or rescue, they shall have a sill height not more than 44 inches (1118 mm) above the floor. All egress or rescue windows from sleeping rooms must have minimum net clear openings of 5.7 square feet (0.53m²). The minimum net clear opening height dimension shall be 24 inches (610 mm). The minimum net clear opening width dimension shall be 20 inches (508 mm).
- 7.) All single and multiple-station smoke detectors shall be of an approved type and shall be installed in accordance with the provisions of the building code (BOCA National Building Code 1990, and N.F.P.A. 10: Chapter 18 & 19.

- 8.) Private garages located beneath rooms in buildings of Use Groups R-1, R-2, R-3 or I-1 shall have walls, partitions, floors and ceilings separating the garage space from the adjacent interior spaces constructed of not less than 1-hour fire-resistance rating. Attached private garages shall be completely separated from the adjacent interior spaces and the attic area by means of 1/2-inch gypsum board or equivalent applied to the garage side. The sills of all door openings between the garage and adjacent interior spaces shall be raised not less than 4 inches (102 mm) above the garage floor. The door opening protectives shall be 1 3/4-inch solid core wood doors or approved equivalent.
- 9.) A guardrail system located near the open side of deck or elevated walking surfaces shall be constructed. Guards in buildings of Use Group R-3 shall be not less than 36 inches in height. Open guards shall have intermediate rails, balusters or other construction such that a sphere with a diameter of 4 inches cannot pass through any opening. Handrails on stairs shall be no less than 34 inches nor more than 38 inches. Handrails within individual dwelling units shall not be less than 30 inches nor more than 38 inches. For more detail on guards & handrails see Article 8 section 824.0 and 825.0 of the BOCA National Building Code.
- 10.) Section 25-135 of the Municipal Code for the City of Portland states: "No person or utility shall be granted a permit to excavate or open any street or sidewalk from the time of November 15 of each year to April 15 of the following year.
- 11.) The builder of a facility to which Section 4594-C of the Maine State Human Rights Act, Title 5 M.R.S.A. refers, shall obtain a certification from a design professional that the plans of the facility meet the standards of construction required by this section. Prior to commencing construction of the facility, the builder shall submit the certification to the Division of Inspection Services.
- 12.) Stair construction in Use Group R-3, R-4, is a minimum of 9" tread and 8-1/4" maximum rise.
- 13.) Headroom in habitable spaces is a minimum of 7'6".
- 14.) The minimum headroom in all parts of a stairway shall not be less than 6 feet 8 inches.

Sincerely,


P. Samuel Hoffses
Chief of Inspection Services

/el
11/16/88
11/27/90
8/14/91
9/2/92

080280

Permit # _____ City of Portland BUILDING PERMIT APPLICATION Fee \$30 Zone _____ Map # _____ Lot# _____

Please fill out any part which applies to job. Proper plans must accompany form.

Owner: John & Sarah Freeman Phone # 874-6940
Address: 91 Pine St- Ptld, ME 04102

LOCATION OF CONSTRUCTION 91 Pine St.

Contractor: Calvin Ames Sub: _____

Address: _____ Phone # _____

Est. Construction Cost: 2350 Proposed Use: 2-fam w deck

Past Use: 2-fam

of Existing Res. Units _____ # of New Res. Units _____

Building Dimensions L _____ W _____ Total Sq. Ft. _____

Stories: _____ # Bedrooms _____ Lot Size: _____

Is Proposed Use: Seasonal _____ Condominium _____ Conversion _____

Explain Conversion const deck on roof - no inc/fturrt

PERMIT ISSUED

For Official Use Only		Date: <u>4/5/93</u>	Subdivision: <u>APR 21 1993</u>
Inside Fire Limits: _____	Building Code: _____	Time Limit: _____	Estimated Cost: <u>2350</u>
Ownership: _____	Public: _____	Private: _____	

Zoning: Street Frontage Provided: _____
Provided Setbacks: Front _____ Back _____ Side _____

Review Required:
Zoning Board Approval: Yes _____ No _____ Date: _____
Planning Board Approval: Yes _____ No _____ Date: _____
Conditional Use: Variance _____ Site Plan _____ Subdivision _____
Shoreland Zoning Yes _____ No _____ Floodplain Yes _____ No _____
Special Exception _____
Other: _____ (Explain) _____

Foundation:

- Type of Soil: _____
- Set Backs - Front _____ Rear _____ Side(s) _____
- Footings Size: _____
- Foundation Size: _____
- Other: _____

Floor:

- Site Size: _____ Sills must be anchored.
- Girder Size: _____
- Lally Column Spacing: _____ Size: _____
- Joists Size: _____ Spacing 16" O.C.
- Bridging Type: _____ Size: _____
- Floor Sheathing Type: _____ Size: _____
- Other Material: _____

Exterior Walls:

- Studding Size: _____ Spacing _____
- No. windows _____
- No. Doors _____
- Header Sizes _____ Span(s) _____
- Bracing: Yes _____ No _____
- Corner Posts Size _____
- Insulation Type _____ Size _____
- Sheathing Type _____ Size _____
- Siding Type _____ Weather Exposure _____

Interior Walls:

- Studding Size: _____ Spacing _____
- Header Sizes _____ Span(s) _____
- Wall Covering Type: _____
- Fire Wall if required _____
- Other Materials _____

Ceiling:

- Ceiling Joists Size: _____ Not in District nor Landmark.
- Ceiling Strapping Size _____ Spacing _____
- Type Ceilings: _____ Does not require review.
- Insulation Type _____ Size _____ Requires Review.
- Ceiling Height: _____

Roof:

- Truss or Rafter Size _____ Span _____ Action: Approved.
- Sheathing Type _____ Size _____
- Roof Covering Type _____

Chimneys:

Type: _____ Number of Fire Places _____

Heating:

Type of Heat: _____

Electrical:

Service Entrance Size: _____ Smoke Detector Required: Yes _____ No _____

Plumbing:

- Approval of soil test if required: Yes _____ No _____
- No. of Tubs or Showers _____
- No. of Flushes _____
- No. of Lavatories _____
- No. of Other Fixtures _____

Swimming Pools:

- Type: _____
- Pool Size: _____ x _____ Square Footage _____
- Must conform to National Electrical Code and State Law.

PERMIT ISSUED
WITH STUBS

Permit Received by: Guise E. Chsae
Signature of Applicant: John Freeman Date: April 5 93
Signature of Inspector: _____ Date: 4-15-93

Inspection Dates: _____
White-Tax Assessor _____ Yellow-GPCOG _____ White Tag -UEO _____
© Copyright GPCOG 1988

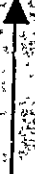
13/MAS. LOWE

PLOT PLAN

4/30 work started ok

5/12 Deck and guards completed. Just needs door (replacing window and change in width) + staining

N



5/25 - noticed chimney - needs to be raised above deck railing ~~filled~~

FEES (Breakdown From Front)
Base Fee \$ 30-
Subdivision Fee \$ _____
Site Plan Review Fee \$ _____
Other Fees \$ _____
(Explain) _____
Late Fee \$ _____

Type	Inspection Record	Date
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____

COMMENTS

Signature of Applicant John Freeman

Date Apr 5/93

Inspection Services
Samuel P. Hoffses
Chief



Planning and Urban Development
Joseph E. Gray Jr.
Director

CITY OF PORTLAND

April 9, 1993

John & Sarah Freeman
91 Pine St
Portland, ME 04102

Re: 91 Pine St

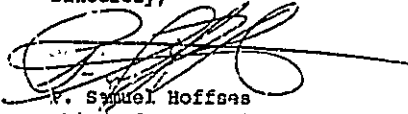
Dear Mr. & Mrs. Freeman,

Your application to construct a deck (on roof) has been reviewed and a permit is herewith issued subject to the following requirements:

1. The guards shall be at least 42 inches in height measured vertically above edge of the walling surface.
2. Open guards shall have balusters or other construction such that a sphere with a diameter of 4 inches cannot pass through any opening.
3. Your plan does not show access to this proposed deck. Please submit a plan showing this detail. If a gate is involved, it must be self-closing, with lock.

If you have any questions regarding these requirements, please do not hesitate to contact this office.

Sincerely,



S. P. Hoffses
Chief of Inspection Services



City of Portland
 Department of Planning and Urban Development
 Room 211 City Hall, 359 Congress Street
 Portland, Maine 04101 207-874 300

Form 1-88

**HISTORIC PRESERVATION
 CERTIFICATE OF APPROPRIATENESS**

Pursuant to review under the City of Portland's Historic Preservation Ordinance (Chapter 14, Article IX of the Portland City Code), the following work on the specified property is hereby:

granted a Certificate of Appropriateness, with conditions as indicated.
 denied a Certificate of Appropriateness.

Historic Resource Inventory Number: _____ Assessor's Chart/Block/Lot: _____

Property Address: 91 PINE STREET

Applicant: (name) John and Sarah Freeman
 (address) 91 Pine Street
Portland, Maine 04102

Proposed Work (continue on back if necessary): Installation of new roof deck with "fencing" surround, per application and staff memo of April 1, 1993.

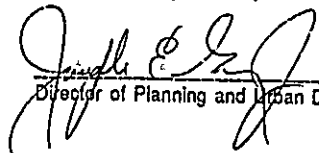
Conditions of Approval (continue on back if necessary): Following curing of pressure-treated wood, all exposed wood surface shall be stained gray.

Reasons for Denial (continue on back if necessary): _____

All improvements shall be carried out as shown on the plans and specifications as submitted by the applicant, except as modified to comply with the conditions of approval described above. Changes to the approved plans and specifications and any additional work which may be undertaken must be reviewed and approved by this office prior to construction, alteration or demolition. If, during the course of completing the approved work, conditions are encountered which prevent completing the approved work or which require additional or alternative work, you must apply for and receive a Certificate of Appropriateness or Non-Applicability PRIOR to undertaking additional or alternative work.

This Certificate is granted upon condition that the work authorized herein is commenced within twelve (12) months after the date of issuance. If the work authorized by this Certificate is not commenced within twelve (12) months after the date of issuance or if such work is suspended in significant part for a period of one year after the time the work is commenced, such Certificate shall expire and be of no further effect; provided that, for cause, one or more extensions of time for periods not exceeding ninety (90) days each may be allowed in writing by the Department.

4/17/93
Date


Director of Planning and Urban Development

.....
Staff Recommendation:

___ Additional Information Requested (date: _____ rec'd: _____)
___ Approve. ___ Approve w/ conditions. ___ Deny. No Recommendation. Date: 4-1-93
Conditions: _____

Historic Preservation Committee Recommendation/Decision:

Required: Yes ___ No
___ Approve. Approve w/ conditions. ___ Deny. Vote: 4-0 (Thaxter, Barba and Lapomarda absent) 4-7-93
Conditions: See other side

Planning Board Decision:

Required: ___ Yes No
___ Approve. ___ Approve w/ conditions. ___ Deny. Vote: _____
Conditions: _____

City Council Decision (Project of Special Merit):

___ Approve. ___ Approve w/ conditions. ___ Deny. Vote: _____
Conditions:
___ 1. Developer demonstrate binding financial commitments, performance guarantees, penal bond.
___ 2. Developer provide full documentation of the resource, provide suitable monument.
___ 3. Other: _____

DEPARTMENT OF PLANNING & URBAN DEVELOPMENT

Billing for Legal
Ads for Agenda's

Project Name: 91 Pine St.
Owner's Name: John and Sarah Freeman, Applicants
Address of Project: 91 Pine St.
Division/Board: Historic Preservation
Number of Residential Notices Mailed Out: 29

% Amount of Legal Ad: 31.00
.40 X number of notices: 11.60
Total Amount Due: 42.60

Make checks payable to the City of Portland, Attn. D. Marquis, Rm. 315, 389
Congress Street, Portland, Maine 04101.

Bill to: John and Sarah Freeman
91 Pine St.
Portland, ME 04102

mailed: 4/13/93



City of Portland
 Department of Planning and Urban Development
 Room 211 City Hall, 389 Congress Street
 Portland, Maine 04101 207-874-8300

**HISTORIC PRESERVATION
 APPLICATION FOR CERTIFICATE OF APPROPRIATENESS**

Pursuant to review under the City of Portland's Historic Preservation Ordinance (Chapter 14, Article IX of the Portland City Code), application is hereby made for a Certificate of Appropriateness for the following work on the specified historic property:

Property Name and Address: 91 Pine St. Portland, Me. 04102

Applicant: (name) John + Sarah Freeman (telephone) 874-6940
 (company) _____
 (address) _____

Property Owner, if different: (name) Same
 (address) _____
 (telephone) _____

Architect (if any): _____
 Contractor or Builder (if any): Calvin Ames

Local Designation: _____ within historic district: (name) _____
 Landmark Contributing Non-contributing

National Register Status: Landmark District Not Applicable

Description of Proposed Work (Use additional sheets as necessary. Submit architectural sketches, plans, scale drawings, photographs, specifications, or other supporting documentation as required. All submission materials will be retained by the City. In the case of demolition or removal of a structure, the following indicates the proposed condition and appearance of the property thereafter):
roof deck (per attached)

Work is proposed in conjunction with: Major site plan application Minor site plan application
 Building permit application None of the above

Applicant's Signature: Sarah J. Freeman Owner's Signature (if different): Sarah J. Freeman

Note: No application fee. Applicant is responsible for costs of sending notices and placement of legal ad. Such costs shall be paid prior to issuance of Certificate/Building Permit or upon denial of Application.

FOR CITY USE ONLY

Historic Resource Inventory Number: _____ Assessor's Chart/Block/Lot: _____

Date Application Submitted: 7/5/93 Date Application Complete: _____
Attachment

930842

Permit # _____ City of Portland BUILDING PERMIT APPLICATION Fee \$10 Zone _____ Map # _____ Lot# _____
 Please fill out any part which applies to job. Proper plans must accompany form

Owner: Mary Morrison Phone # _____
 Address: 93 Pine St- Ptid, ME 04102
 LOCATION OF CONSTRUCTION 93 Pine St.
 Contractor: Les Wilxon & Sons Sub.: 854-4583
 Address: Box 1028-Westbrook, ME Phone # 04098
 Est. Construction Cost: _____ Proposed Use: m/fam w/o tank
 Past Use: m/fam w tank
 # of Existing Res. Units _____ # of New Res Units _____
 Building Dimensions L _____ W _____ Total Sq. Ft. _____
 # Stories _____ # Bedrooms _____ Lot Size _____
 Is Proposed Use: Seasonal _____ Condo minum _____ Conversion _____
 Explain Conversion remove one u/g tank - fuel oil

PERMIT ISSUED

For Official Use Only

Date: 9/15/93 Subdivision: _____
 Inside Fire Limits _____ Name: SEP 17 1993
 Ridg Code _____ Lt _____
 Time Limit _____
 Estimated Cost _____

CITY OF PORTLAND

Zoning: _____
 Street Frontage Provided: _____
 Provided Setbacks: Front _____ Back _____ Side _____ Side _____

Review Required:
 Zoning Board Approval: Yes _____ No _____ Date _____
 Planning Board Approval: Yes _____ No _____ Date _____
 Conditional Use: _____ Variance _____ Site Plan _____ Subdivision _____
 Shoreland Zoning Yes _____ No _____ Floodplain Yes _____ No _____
 Special Excavation _____
 Other (Explain) W.D. 9-16-93

Foundation:
 1. Type of Soil: _____
 2. Set Backs - Front _____ Rear _____ Side(s) _____
 3. Footings Size: _____
 4. Foundation Size _____
 5. Other _____

Floor:
 1. Sills Size: _____ Sills must be anchored.
 2. Girder Size: _____
 3. Lally Column Spacing: _____ Size: _____
 4. Joists Size: _____ Spacing 16" O.C.
 5. Bridging Type: _____ Size: _____
 6. Floor Sheathing Type: _____ Size: _____
 7. Other Material: _____

Exterior Walls:
 1. Studding Size _____ Spacing _____
 2. No. windows _____
 3. No. Doors _____
 4. Header Sizes _____
 5. Bracing: Yes _____ No _____
 6. Corner Posts Size _____
 7. Insulation Type _____ Size _____
 8. Sheathing Type _____ Size _____
 9. Siding Type _____ Weather Exposure _____
 10. Masonry Materials _____
 11. Metal Materials _____

Interior Walls:
 1. Studding Size _____ Spacing _____
 2. Header Sizes _____ Span(s) _____
 3. Wall Covering Type _____
 4. Fire Wall if required _____
 5. Other Materials _____

Ceiling:
 1. Ceiling Joists Size: _____
 2. Ceiling Strapping Size _____ Spacing _____
 3. Type Ceilings _____
 4. Insulation Type _____ Size _____
 5. Ceiling Height: _____

Roof:
 1. Truss or Rafter Size _____ Span _____
 2. Sheathing Type _____ Size _____
 3. Roof Covering Type _____

Chimneys:
 Type _____ Number of Fire Places _____

Heating:
 Type of Heat: _____

Electrical:
 Service Entrance Size: _____ Smoke Detector Required Yes _____ No _____

Plumbing:
 1. Approval of soil test if required Yes _____ No _____
 2. No. of Tubs or Showers _____
 3. No. of Flushes _____
 4. No. of Lavatories _____
 5. No. of Other Fixtures _____

Swimming Pools:
 1. Type: _____
 2. Pool Size: _____ x _____
 3. Must conform to National Electrical Code _____

Permit Received By Louise E. Chase

Signature of Applicant Rob Wilxon Date 9/15/93

Signature of CEO [Signature] Date _____

Inspection Dates _____

White-Tax Assessor Yellow-GPCOG

White Tag -CEO [13] MAS, LOW © Copyright GPCOG 1988

PERMIT ISSUED WITH REQUIREMENTS

PERMIT ISSUED WITH REQUIREMENTS



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date June 14, 194
 Receipt and Permit number 2885

To the CHIEF ELECTRICAL INSPECTOR, Portland, Maine:

The undersigned hereby applies for a permit to make electrical installations in accordance with the laws of Maine, the Portland Electrical Ordinance, the National Electrical Code and the following specifications:

LOCATION OF WORK: 89 Pine St.

OWNER'S NAME: Mark Unterhalter ADDRESS: same

FEE\$

OUTLETS:

Receptacles _____ Switches _____ Plugmold _____ ft. TOTAL _____

FIXTURES: (number of)

Incandescent _____ Fluorescent _____ (not strip) TOTAL _____

Strip Fluorescent _____ ft. _____

SERVICES:

Overhead Underground _____ Temporary _____ TOTAL amperes 100 15.00

METERS: (number of) 2 2.00

MOTORS: (number of)

Fractional _____

1 HP or over _____

RESIDENTIAL HEATING:

Oil or Gas (number of units) _____

Electric (number of rooms) _____

COMMERCIAL OR INDUSTRIAL HEATING:

Oil or Gas (by a main boiler) _____

Oil or Gas (by separate units) _____

Electric Under 20 kws _____ Over 20 kws _____

APPLIANCES: (number of)

Ranges _____ Water Heaters _____

Cook Tops _____ Disposals _____

Wall Ovens _____ Dishwashers _____

Dryers _____ C npacktors _____

Fans _____ Others (denote) _____

TOTAL _____

MISCELLANEOUS: (number of)

Branch Panels _____

Transformers _____

Air Conditioners Central Unit _____

Separate Units (windows) _____

Signs 20 sq. ft. and under _____

Over 20 sq. ft. _____

Swimming Pools Above Ground _____

In Ground _____

Fire/Burglar Alarms Residential _____

Commercial _____

Heavy Duty Outlets, 220 Volt (such as welders) 30 amps and under _____

over 30 amps _____

Circus, Fairs, etc. _____

Alterations to wires _____

Repairs after fire _____

Emergency Lights, battery _____

Emergency Generators _____

INSTALLATION FEE DUE: _____

FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT DOUBLE FEE DUE: _____

FOR REMOVAL OF A "STOP ORDER" (304-18.5) _____

TOTAL AMOUNT DUE: 17.00

INSPECTION:

Will be ready on June 16 2pm, 19; or Will Call _____

CONTRACTOR'S NAME: Hannan's Elec.

ADDRESS: 897 Broadway So, Portland, 04106

TEL.: 757-2471

MASTER LICENSE NO.: 2885 SIGNATURE OF CONTRACTOR: _____

LIMITED LICENSE NO.: _____ Lamy Hannan

INSPECTOR'S COPY — WHITE

OFFICE COPY — CANARY

CONTRACTOR'S COPY — GREEN

930842

Permit # City of Portland **BUILDING PERMIT APPLICATION** Fee \$10 Zone _____ Map # _____ Lot# _____
Please fill out any part which applies to job. Proper plans must accompany form

Owner: Mary Morrison Phone # _____
 Address: 93 Pine St- Ptid, ME 0410
 LOCATION OF CONSTRUCTION 93 Pine St.
 Contractor: Les Wilson & Sons Sub: 854-4503
 Address: Box 1028-Westbrook, ME Phone # 04098
 Est. Construction Cost: _____ Proposed Use: m/fam w/o tank
 Past Use: m/fam w tank
 # of Existing Res. Units _____ # of New Res. Units _____
 Building Dimensions L _____ W _____ Total Sq Ft _____
 # Stor. _____ # Bedrooms _____ Lot Size _____
 Is Proposed Use: Seasonal _____ Condominium _____ Conversion _____
 Explain Conversion: REMOVE ONE 4/9 tank - fuel oil

For Official Use Only

Date: 9/15/93 Subdivision _____
 Inside Fire Limits _____ Name: SLP-17-1993
 Bldg Code _____ Lot _____
 Time Limit _____ Overlapping _____
 Estimated Cost _____

PERMIT ISSUED
 CITY OF PORTLAND

Zoning: Street Frontage Provided _____
 Provided Setbacks: Front _____ Back _____ Side _____
 Review Required: _____
 Zoning Board Approval: Yes _____ No _____ Date: _____
 Planning Board Approval: Yes _____ No _____ Date: _____
 Conditional Use: _____ Variance _____ Site Plan _____ Subdivision _____
 Shoreland Zoning Yes _____ No _____ Floodplain Yes _____ No _____
 Special Exception _____
 Other: W/TA (Explain) _____

Foundations

- Type of Soil: _____
- Set Backs - Front _____ Rear _____ Side(s) _____
- Footings Size: _____
- Foundation Size: _____
- Other: _____

Floors

- Sills Size: _____ Sills must be anchored.
- Girder Size: _____
- Lally Column Spacing: _____ Size: _____ Spacing 16" O.C.
- Joists Size: _____
- Bridging Type: _____ Size: _____
- Floor Sheathing Type: _____ Size: _____
- Other Material: _____

Exterior Walls

- Studding Size _____ Spacing _____
- No. windows _____
- No. Doors _____
- Header Sizes _____ Span(s) _____
- Bracing: Yes _____ No _____
- Corner Posts Size _____
- Insulation Type _____ Size _____
- Sheathing Type _____ Size _____
- Siding Type _____ Weather Exposure _____
- Masonry Materials _____
- Metal Materials _____

Interior Walls

- Studding Size _____ Spacing _____
- Header Sizes _____ Span(s) _____
- Wall Covering Type _____
- Fire Wall if required _____
- Other Materials _____

Ceiling

- Ceiling Joists Size _____
- Ceiling Sheathing Size _____ Spacing _____
- Type Ceilings: _____
- Insulation Type _____ Size _____
- Ceiling Height: _____

Roof

- Truss or Rafter Size _____ Span _____
- Sheathing Type _____ Size _____
- Roof Covering Type _____

Chimneys

Type: _____ Number of Fire Places _____

Heating

Type of Heat: _____

Electrical

Service Entrance Size: _____ Smoke Detector Required: Yes _____ No _____

Plumbing

- Approval of soil test if required Yes _____ No _____
- No. of Tubs or Showers _____
- No. of Flushes _____
- No. of Lavatories _____
- No. of Other Fixtures _____

Swimming Pools: _____
 Pool Size: _____ x _____ Square Footage _____
 Must conform to National Electrical Code & State Law.

Permit Received by: Louise E. Chase Date: 9/15/93

Signature of Applicant: Rob Wilson Date: _____

Signature of CEO: _____ Date: _____

Inspection Dates: _____

EM/JP

White-Tax Assessor Yellow-GPCOG White Tag - CEO

Copyright GPCOG 1988

PERMIT REQUIRED WITH RECOMMENDED

PLOT PLAN



FEES (Breakdown From Front)

Base Fee \$ 10-
Subdivision Fee \$ _____
Site Plan Review Fee \$ _____
Other Fees \$ _____
(Explain) _____
Late Fee \$ _____

Type Inspection Record Date

Type	Inspection Record	Date
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____

COMMENTS

Completed w. out insp. \$

Signature of Applicant

Rob W. [Signature]

Date

9/15/93

BUILDING PERMIT REPORT

DATE: 9/16/93

ADDRESS: 93 Pine St

REASON FOR PERMIT: Underground tank Removal Installation

BUILDING OWNER: Mary Masterson

CONTRACTOR: Les Wilson

PERMIT APPLICANT Ron Wilson

APPROVED: DENIED

CONDITION OF APPROVAL OR DENIAL:

- (1) All underground tank removal and/or installation shall be done in accordance with Department of Environmental Protection Regulations Chapter 691
- (2) No cutting of tanks on site. Cutting of tanks to be done at an approved tank disposal site.
- (3) Fire Dispatcher must be notified 48 hours in advance of removal and/or transportation of tanks.

Maine Departmental of Environmental Protection
 Bureau of Oil & Hazardous Materials Control
 State House Station #17, Augusta, Maine 04333
 Telephone: 207-289-2651
 Attn: Tank Removal Notice

COPY

NOTICE OF INTENT
 TO ABANDON (REMOVE) AN
 UNDERGROUND OIL STORAGE FACILITY

Name of Facility Owner: MARY MORRISON
 Mailing Address: Box 765 Telephone No: 603-396-466
 City: Freedom Me. State: R.H. Zip Code: 03836
 Contact Person (name, address & telephone no.): SAME AS ABOVE

Name of Facility: SAME AS ABOVE Registration No.: _____
 Facility Location: 93 Pine St. Portland, ME 04102

Pending

1. Identify the tanks at this location which are to be removed:

	Tank Number	Age of Tank (Years)	Tank Size (Gallons)	Type of Product Most Recently Stored
A.	1	N/A	4000 6670	Fuel Oil
B.				
C.				
D.				

2. Directions to Facility (be specific):

93 Pine St.

3. Is tank(s) used for the storage of Class I liquids (e.g. gasoline, jet fuel)? Yes ___ No (IF YES, REMOVAL OF THE TANK MUST BE UNDER THE DIRECTION OF A CERTIFIED TANK INSTALLER OR PROFESSIONAL FIREFIGHTER.)

4. Name and telephone number of contractor who will do the tank removal: LES WILSON & SONS 8544583

Certified Tank Installer Certification Number & Name (if applicable):
N/A

Professional Firefighter Yes ___ No (Affiliation: _____)

5. Expected date of removal: 9/11/93

I hereby provide Notice that I intend to properly abandon the underground oil storage facility as described above.

Date: 9/11/93

Ronald Wilson Rep
 Signature of Tank Owner or Operator

Ronald Wilson Rep
 Printed Name and Title

THIS FORM MUST BE FILED WITH THE DEPARTMENT AND LOCAL FIRE DEPARTMENT 30 DAYS PRIOR TO REMOVAL. RETURN POSTCARD WHEN TANK(S) HAS BEEN REMOVED.

Mail original and yellow copy to DEP; pink copy to fire dept.; retain gold copy

City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716

Location of Construction: 89 Pine St.		Owner: Untermyer	Phone:
Owner Address:		Buyer's Name: Christopher Harris	Business Name:
Contractor Name: Christopher Harris		Address: 269 Commercial St (Apt #4B) Portland, ME 04101	Phone: 879-7003
Past Use: 2-fam	Proposed Use: Same	COST OF WORK: \$ 2,000.00	PERMIT FEE: \$ 30.00
Proposed Project Description: Construct Deck upon rooftop		FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: R3 Type 513 Signature: [Signature]
Permit Taken By: Mary Gresik	Date Applied For: 26 June 1996	Signature:	Date:

Permit No: **960789**

PERMIT ISSUED

Permit Issued:
AUG 12 1996

CITY OF PORTLAND

Zone: [Blank] CBL: 055-A-017

Zoning Approval: 2 units 50' per microcode
OK 8/14/96

Special Zone Reviews:

- Shoreland
- Wetland
- Flood Zone
- Subdivision
- Site Plan major minor mm

Zoning Appeal

- Variance
- Miscellaneous
- Conditional Use
- Interpretation
- Approved
- Denied

Historic Preservation

- Not in District or Landmark
- Does Not Require Review
- Requires Review

Action:

- Approved
- Approved with Conditions [see attached]
- Denied

Date: 8/5/96

D. Andrews

CEO DISTRICT **3**

A. Powers

1. This permit application doesn't preclude the Applicant(s) from meeting applicable State and Federal rules.
2. Building permits do not include plumbing, septic or electrical work.
3. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work..

CERTIFICATION

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in the application issued, I certify that the code official's authorized representative shall have the authority to enter all areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit

SIGNATURE OF APPLICANT: [Signature] DATE: 26 June 1996

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE: _____ PHONE: _____

White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector